



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2017 STRONG COMMUNITIES CAMPAIGN
YMCA OF MADISON COUNTY
CAMPAIGN GIFT / PLEDGE FORM

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Print Donor(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ In Honor or Memory of \_\_\_\_\_

You may use my / our name in YMCA and Campaign publications (check one) ( ) Yes ( ) No

Donation

A ONE-TIME DONATION, IN THE AMOUNT OF:

( ) \$5,000 ( ) \$2,500 ( ) \$1,000 ( ) \$500 ( ) \$100 ( ) \$50 ( ) Other: \$ \_\_\_\_\_

Donation to be paid on: \_\_\_\_\_

BRANCH DESIGNATION

( ) Anderson ( ) Elwood ( ) Pendleton

PROGRAM DESIGNATION (not required)

( ) Afterschool ( ) Summer Camp ( ) Early Learning ( ) Youth Sports ( ) Birthday Parties ( ) Learning Achievement Gap
( ) Other

MATCHING CONTRIBUTIONS

Does your employer match donations? ( ) Yes ( ) No

Please enclose a signed Matching Donation Form from your employer if applicable

METHOD OF PAYMENT

( ) Check enclosed, checks payable to the "YMCA of Madison County SCC"

( ) Please bill my credit card: VISA MasterCard American Express Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

( ) Securities or Stocks (Please call 764.644.7796 and ask for Financial Department

Contribution pledge form should be mailed or faxed to:

YMCA Financial Office, 28 W 12th Street, Anderson, IN 46016 OR Fax 765.644.4359.

YMCA Solicitor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*The YMCA of Madison County is a 501(c)(3) organization. Contributions are tax deductible to the full extent of the law.
This subscription may be changed or cancelled if circumstances make it necessary.